§ 405.415

under such contract before the beginning of the selected calendar quarter is subject to standard Medicare rules.

§ 405.415 Requirements of the private contract.

A private contract under this subpart must:

- (a) Be in writing and in print sufficiently large to ensure that the beneficiary is able to read the contract.
- (b) Clearly state whether the physician or practitioner is excluded from Medicare under sections 1128, 1156, or 1892 or any other section of the Social Security Act.
- (c) State that the beneficiary or his or her legal representative accepts full responsibility for payment of the physician's or practitioner's charge for all services furnished by the physician or practitioner.
- (d) State that the beneficiary or his or her legal representative understands that Medicare limits do not apply to what the physician or practitioner may charge for items or services furnished by the physician or practitioner.
- (e) State that the beneficiary or his or her legal representative agrees not to submit a claim to Medicare or to ask the physician or practitioner to submit a claim to Medicare.
- (f) State that the beneficiary or his or her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician or practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
- (g) State that the beneficiary or his or her legal representative enters into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- (h) State the expected or known effective date and expected or known expiration date of the opt-out period.
- (i) State that the beneficiary or his or her legal representative understands

that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

- (j) Be signed by the beneficiary or his or her legal representative and by the physician or practitioner.
- (k) Not be entered into by the beneficiary or by the beneficiary's legal representative during a time when the beneficiary requires emergency care services or urgent care services. (However, a physician or practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with § 405.440.)
- (1) Be provided (a photocopy is permissible) to the beneficiary or to his or her legal representative before items or services are furnished to the beneficiary under the terms of the contract.
- (m) Be retained (original signatures of both parties required) by the physician or practitioner for the duration of the opt-out period.
- (n) Be made available to CMS upon request.
- (o) Be entered into for each opt-out period.

§ 405.420 Requirements of the opt-out affidavit.

- An affidavit under this subpart must:
 (a) Be in writing and be signed by the physician or practitioner.
- (b) Contain the physician's or practitioner's full name, address, telephone number, national provider identifier (NPI) or billing number, if one has been assigned, uniform provider identification number (UPIN) if one has been assigned, or, if neither an NPI nor a UPIN has been assigned, the physician's or practitioner's tax identification number (TIN).
- (c) State that, except for emergency or urgent care services (as specified in §405.440), during the opt-out period the physician or practitioner will provide services to Medicare beneficiaries only through private contracts that meet the criteria of paragraph §405.415 for services that, but for their provision under a private contract, would have been Medicare-covered services.
- (d) State that the physician or practitioner will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-